

(Insert Youth Sports Organization Name) Concussion Management Policy

The recognition and treatment of youth sports participants who have suffered a concussion has become a national priority. As a result of an increasing number of studies that have revealed that concussions, not properly treated, can result in permanent physical and cognitive deficits, including learning disabilities. The data also suggests that concussions can lead to the development of dementia and other long-term issues earlier than expected. These risks have led the (insert youth sports organization) to develop policies related to sports concussion that are consistent with the current recommendations of the U.S. Centers for Disease Control and Prevention.

Recovery from a concussion may require limitation of physical activity, especially sports activity such as practice, drills, games and physical education classes. In significantly symptomatic youth sports participants, mental activity may also need to be limited cognitively to allow the brain time to heal.

To better manage instances of concussion in our sports programs, the (insert youth sports organization) requires the following:

1. All coaches and officials (paid and volunteer) must complete annual training in the area of current concussion management practices and provide proof to the (insert youth sports organization) youth sports director prior to the start of each sports season. The training should include up-to-date information on the identification of concussion, the signs and symptoms associated with the injury, the risks involved with allowing youth sports participants to continue to play while symptomatic, methods of concussion assessment and the importance of gradual return to play practices. Training may be completed here: <http://www.cdc.gov/headsup/youthsports/training/index.html>
2. Information about sports-related concussion will be provided to parents about concussion prior to the start of each sports season and parents will be asked to provide written acknowledgment of receiving such information prior to their child(ren) being allowed to participate in any sport activity.
3. Prior to the start of every sport season, parents will receive educational materials about the risks of concussion prevalent in each sport, how to identify the signs and symptoms associated with concussion, along with the potential risks involved with playing while symptomatic. Parents will also be informed about the (insert youth sports organization) concussion policy.
4. If, during a practice or a game, a youth sports participant sustains a concussion or exhibits the signs, symptoms or behaviors of concussion, the youth sport participant must be removed from all sport activity. The youth sport participant may not return to any practice or game activity until he/she is evaluated by a licensed health care professional trained in the evaluation and management of concussion (i.e., physician, physician assistant, nurse practitioner, athletic trainer, or Sport-Certified Physical Therapist). The youth sport participant must provide written clearance from that provider prior to the athlete being allowed to return to participation. The (insert youth sports organization) youth sports director will keep evidence of all written clearance forms on file for a period no shorter than seven (7) years.

For more information please contact (insert youth sports organization)

Concussion Management Flow Chart

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graph TD; A[Concussion Management Flow Chart] --> B[Suspected Concussion Occurs]; B --> C[Remove Youth Sports Participant From All Physical Activity]; C --> D[Coach Completes Medical Referral Form]; D --> E[Youth Sport Participant Does Not Return to Play the Same Day]; E --> F[Coach Consults with Parent/Guardain]; F --> G[Youth Sports Participant Sees Licensed Health Care Professional for Concussion Evaluation]; G --> H[Youth Sports Participant Begins 5-Day Gradual Return to Play Protocol with Minimum of 24 Hour Separation Between Steps]; H --> I[Youth Sports Participant Obtains Written Clearance From Medical Provider];
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Suspected Concussion Occurs

Remove Youth Sports Participant From All Physical Activity

Coach Completes Medical Referral Form

Youth Sport Participant Does Not Return to Play the Same Day

Coach Consults with Parent/Guardain

Youth Sports Participant Sees Licensed Health Care Professional for Concussion Evaluation

Youth Sports Participant Begins 5-Day Gradual Return to Play Protocol with Minimum of 24 Hour Separation Between Steps

Youth Sports Participant Obtains Written Clearance From Medical Provider

(insert youth sports organization)
Youth Sports Participant Concussion Medical Referral

Youth Sports Participant: _____

Date of Suspected Concussion: _____

Location where Injury Occurred: _____

Activity: _____ Referred by: _____

Short Description of How Injury Occurred:

Signs/Symptoms Observed or Experienced by Youth Sports Participant After Injury Occurred:

- Appeared dazed, stunned, or disoriented
 - Forgot plays or demonstrated short term memory difficulties
 - Exhibited difficulties with balance or coordination
 - Answered questions slowly or inaccurately
 - Lost consciousness
 - o How long: _____
 - Demonstrated behavior or personality changes/overly emotional
 - Unable to recall events prior to or after the hit
 - Had a headache
 - Was nauseous or vomiting
 - Complained of blurry vision
 - Had difficulty remembering
 - Complained of being sensitive to bright lights/loud noises
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In accordance with the (insert youth sports organization) concussion policy, if during any practice or game situation, a youth sports participant exhibiting signs, symptoms, or behaviors consistent with concussion, he/she must be immediately removed from all sport participation. The youth sports participant may only return to physical activity if/when he/she is evaluated by a licensed health care provider trained in the evaluation and management of sports concussion and receives a written clearance to return to play. By signing this form, I acknowledge that I have thoroughly evaluated _____(youth sport participant name) for concussion and have decided that the athlete is symptom free and it is safe for him/her to return to physical activity:

- Cleared to Return to Play – NO RESTRICTIONS
-
- Must Return for Follow Up Visit (Date) _____/_____/_____

Signed: _____ Date: _____
(Physician, Physician Assistant, Nurse Practitioner, Certified Athletic Trainer, Sport-Certified Physical Therapist, etc)

Print Name: _____

Please note that the (insert youth sports organization) Sports Director will review this form following completion by a licensed health care provider to approve full return to participation. This review will occur during normal business hours and the coach will be notified of receipt of this form.

(insert youth sports organization) **Youth Sports Participant & Parent/Legal Guardian Concussion Statement**

The (insert youth sports organization) Concussion policy requires each year that information about sports-related concussion will be provided to parents about concussion prior to the start of each sports season. Parents are required to provide written acknowledgment of receiving such information prior to their child(ren) being allowed to participate in any sport activity. The policy further states that during a practice or a game, if a youth sports participant sustains a concussion or exhibits the signs, symptoms or behaviors of concussion, the youth sport participant must be removed from all sport activity. The youth sport participant may not return to any practice or game activity until he/she is evaluated by a licensed health care professional trained in the evaluation and management of concussion (i.e., physician, physician assistant, nurse practitioner, athletic trainer, or Sport-Certified Physical Therapist). The youth sport participant must provide written clearance from that provider prior to the athlete being allowed to resume physical activity.

Youth Sport Participant Name: _____

(form should be completed for every youth sport participant, even if there are multiple youth sports participants in a household)

Parent/Legal Guardian Name(s): _____

- I/We have read the Concussion Information Sheet
- I/We understand the signs and symptoms of a concussion and will report these signs and symptoms to parents, coaches, officials and qualified medical professionals.
- I/We understand that treatment for a concussion includes immediate removal from sports participation, an evaluation from a medical professional, and activity modification/limitations.
- I/We understand that the youth sports participant must receive written clearance from a medical professional, and that the youth sports participant will complete the return to play protocol.

Youth Sports Participant signature: _____ Date: _____

Parent/Guardian/signature: _____ Date: _____

(insert youth sports organization)
Concussion Administration Checklist

Group	Dates	Requirements	Responsibility and Compliance
Youth Sports Participants and Parents/Guardians	Prior to Each Sport Season	Must receive concussion education handout and sign the Concussion Statement	Signed form must be retained on file by the (insert youth sports organization) Youth Sports Director
Coaches/Officials	Prior to Sport Season	Must complete annual training at http://www.cdc.gov/headsup/youthsports/training/	Certificate must be retained on file by the (insert youth sports organization) Youth Sports Director

Materials adapted from CDC and KnowConcussion.org

